

BR

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF ILLINOISDemico Turner

Plaintiff

vs.

Hill Correctional Center,
Medical Staff, Warden dis-
Ring 2006, All Parties of Med
Staff.

Defendant(s)

08CV4803

JUDGE BUCKLO

MAGISTRATE JUDGE ASHMAN

RECEIVED

LCW

AUG 22 2008
AUG 22 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

COMPLAINT

- ☒ 42 U.S.C. §1983 (suit against state officials for constitutional violations)
- ☐ 28 U.S.C. § 1331 (suit against federal officials for constitutional violations)
- ☐ Other _____

Please note: This form has been created for prisoners but can be adapted for use by non-prisoners.

Now comes the plaintiff, Demico Turner, and states as follows:My current address is: EAST Moline Correctional Center
100 Hillcrest Rd. East Moline IL 61244The defendant Hill Corr. Ctr., is employed as Medical Staff ect.
at 1000 South Lindwood Rd. 61402The defendant _____, is employed as _____
at _____The defendant _____, is employed as _____
at _____The defendant _____, is employed as _____
at _____

The defendant _____, is employed as _____
_____ at _____

For additional plaintiffs or defendants, provide the information in the same format as above on a separate page.

LITIGATION HISTORY

A. Have you brought any other lawsuits in state or federal court dealing with the same facts involved in this case? Yes ☐ No ☒

If yes, please describe _____

B. Have you brought any other lawsuits in state or federal court while incarcerated?

Yes ☐ No ☒

C. If your answer to B is yes, how many? _____ Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.)

1. Parties to previous lawsuit:

Plaintiff(s) _____
Defendant(s) _____

2. Court (if federal court, give name of district; if state court, give name of county)

3. Docket Number/Judge _____

4. Basic claim made _____

5. Disposition (That is, how did the case end. Was the case dismissed? Was it appealed? Is it still pending?) _____

6. Approximate date of filing of lawsuit _____
7. Approximate date of disposition _____

For additional cases, provide the above information in the same format on a separate page.

EXHAUSTION OF ADMINISTRATIVE REMEDIES

- A. Is there a grievance procedure available at your institution? Yes ☒ No ☐
- B. Have you filed a grievance concerning the facts relating to this complaint? Yes ☒ No ☐
- If your answer is no, explain why not _____

- C. Is the grievance process completed? Yes ☒ No ☐

PLEASE NOTE: THE PRISON LITIGATION REFORM ACT BARS ANY INCARCERATED PERSON FROM BRINGING SUIT CONCERNING THE CONDITIONS OF HIS CONFINEMENT UNLESS AND UNTIL HE HAS EXHAUSTED AVAILABLE ADMINISTRATIVE REMEDIES. PLEASE ATTACH COPIES OF MATERIALS RELATING TO YOUR GRIEVANCE.

STATEMENT OF CLAIMPlace of the occurrence Hill Correctional CenterDate of the occurrence 6-12-06Witnesses to the occurrence Medical Staff

State here briefly the FACTS that support your case. Describe how EACH defendant is involved. Do not give any legal arguments or cite cases or statutes. Number each claim in a separate paragraph. Unrelated claims should be raised in a separate civil action.

THE COURT STRONGLY URGES THAT YOU USE ONLY THE SPACE PROVIDED.

ON OR AROUND this time i began 6-12-06 i started having external boils under my skin and break outs all over my body, I began to vomit uncontrollably and headaches, and started going to Sick Call (Medical unit), to see what the ailment was. As told to me by the Medical Staff i was infected with something (unknown to the Med Staff)! Later on i suffered 6 additional outbreaks of boils before being recommended for lab test during which time i was threatened with Seg in Concern for my health. On 10-16-2006 i Received the Results of the lab test i was diagnosed with (MRSA) And given Antibiotics which did not help! And i WAS NOT given treatment to help this thing that i had contracted. I filed Several Grievances to no Avail

After all the time that has passed i'm still feeling the the Symptoms, NAUSSIA, itching headAchs, AND breakouts AND still being offered Antibiotics that don't help or work.

I WAS never Admitted into the Health Care Unit even AFTER i WAS diagnosed with MRSA i WAS still in General Population, still sick, AND NO help.

RELIEF REQUESTED

(State exactly what relief you want from the court.)

20,000 dollars Compensatory damages, this
Amount is negotiable

JURY DEMAND

Yes

☐

No

☐

Signed this August day of

2008

Semico Turner

(Signature of Plaintiff)

Name of Plaintiff: <u>Semico Turner</u>	Image/Identification Number: <u>K-63006</u>
Address: <u>East Moline Correctional Ctr</u> <u>100 Hillcrest Rd</u> <u>East Moline, IL 61244</u>	Telephone Number:

Illinois Correctional Center
328 South Linwood Road
P.O. Box 1327
Joliet, IL 61402



University of
Illinois
Medical Center
Reference Laboratory

840 South Wood Street
Room 170 (M/C 750)
Chicago, Illinois 60612
Ph # (877)FOR-LABS
Lanne Maes, M.D., Director

PATIENT NAME JONES, DEMOND ROBERT		PATIENT ID 0221-03000	DOB 04/22/1977	SEX M	STATUS Final	DESTINATION 0221
PHYSICIAN BUCCHIA, CRAIG		COLLECT DATE & TIME 08/16/2006 11:30	DATE OF SERVICE 08/16/2006 23:50	PRINTED ON 08/20/2006 17:21		PAGE 1
REQUISITION NO. 0221-5620	PT. LAB NO.	LAB REF NO.				

COMMENTS:

Diagnostic Procedure	Result		Units	Reference Range
	In Range	Out of Range		
ACID CULTURE				
SPECIMEN DESCRIPTION	AVILLA, RIGHT			
SPECIAL REQUESTS	RECEIVED ON GEL TRANSPORT SWAB			
CULTURE	MANY STAPHYLOCOCCUS AUREUS (MRSA) PATIENT REQUIRES CONTACT ISOLATION.			
REPORT STATUS	FINAL 10/20/06			
SUSCEPTIBILITY				
ORGANISM	MANY STAPHYLOCOCCUS AUREUS (MRSA) PATIENT			
SE-HOD	VITEK SUSCEPTIBILITY			
ERYTHROMYCIN	RESISTANT			
GENTAMICIN	SUSCEPTIBLE			
LEVOFLOXACIN	INTERMEDIATE			
OXACILLIN	RESISTANT			
RIFAMPIN	SUSCEPTIBLE. NOTE: SHOULD NOT BE USED ALONE FOR			
TETRACYCLINE	SUSCEPTIBLE			
TRIMETH-SULFAMETHOX	SUSCEPTIBLE			
VANCOMYCIN	SUSCEPTIBLE			

End of Report

10-24-06

JONES, DEMOND ROBERT

10/22/2006 17:00

10/21

ILLINOIS DEPARTMENT OF CORRECTIONS
RESPONSE TO COMMITTED PERSON'S GRIEVANCE

DOC 0047

Grievance Officer's Report

Date Received: 10/24/07 Date of Review: 10/25/07 Grievance # (optional): _____
 Committed Person: TURNER, J ID#: K63006
 Nature of Grievance: MED. TREATMENT

Facts Reviewed: UPON ARRIVAL @ JAIL HE CHASED A BOY IN FEB 07
& RECEIVED TREATMENT IN APRIL 07 IN A BOX ON THE OTHER
ARM. GRIEVANT HAS BEEN IN JAIL SINCE APRIL 26 07, AUG 07 07
& NEVER COMPLAINED OF MEDICAL ISSUES OR SYMPTOMS. IF
GRIEVANT HAS MEDICAL ISSUES HE NEEDS TO SIGN UP
FOR SICK CALL & ISSUE WILL BE ADDRESSED

Recommendation: GRIEVANCE DENIED

Print Grievance Officer's Name

Grievance Officer's Signature

(Attach a copy of Committed Person's Grievance, including counselor's response if applicable)

Chief Administrative Officer's Response

Date Received: _____ ☒ I concur ☐ I do not concur ☐ Remand

Comments: _____

Chief Administrative Officer's Signature

Date

Committed Person's Appeal To The Director

I am appealing the Chief Administrative Officer's decision to the Director. I understand this appeal must be submitted within 30 days after the date of the Chief Administrative Officer's decision to the Administrative Review Board, P.O. Box 19277, Springfield, IL 62794-9277. (Attach a complete copy of the original grievance, including the counselor's response, if applicable, and any pertinent documents.)

Committed Person's Signature

ID#

Date

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

"Copy"

DOC 0046

Date: <u>6-12-07</u>	Committed Person: <u>Demico Turner</u>	ID: <u>K-63006</u>
Present Facility: <u>East Moline Corrections</u>	Facility where grievance issue occurred: <u>The Hill / East Moline Correctional</u>	

NATURE OF GRIEVANCE:

☐ Personal Property ☐ Mail Handling ☐ Restoration of Good Time ☐ Disability
☐ Staff Conduct ☐ Dietary ☒ Medical Treatment ☐ Other (specify): _____
☐ Transfer Denial by Facility ☐ Transfer Denial by Transfer Coordinator
☐ Disciplinary Report: _____ Date of Report: _____ Facility where issued: _____

Notes: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Shakedown Record, etc.) and send to:
 Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board.
 Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor.
 Chief Administrative Officer, only if EMERGENCY grievance.
 Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.

Brief Summary of Grievance: To: counselor, I Demico Turner am filing a complaint on behalf of the lack of medical treatment I received here in East Moline H.C. It's been close to a year since I caught some type of bacterial infection in the last facility I was in before I got approved to be transferred here. I have had type infection breakouts once every month or so and the antibiotics given to me don't work. I told the doctor that the antibiotics wasn't working since I've been taking them for about a year now and still the infection remains. But was charged 2 dollars to be seen for something I can't control.

Relief Requested: _____

☐ Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Demico Turner K-63006 6-12-07
 Committed Person's Signature ID# Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable)	
Date Received: <u>6-13-07</u>	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62764-9277
Response: <u>Letter is giving to medical professional rep to institutional grievance officer</u>	
<u>Marilyn Tall</u> Print Counselor's Name	<u>[Signature]</u> Counselor's Signature
	<u>6-13-07</u> Date of Response

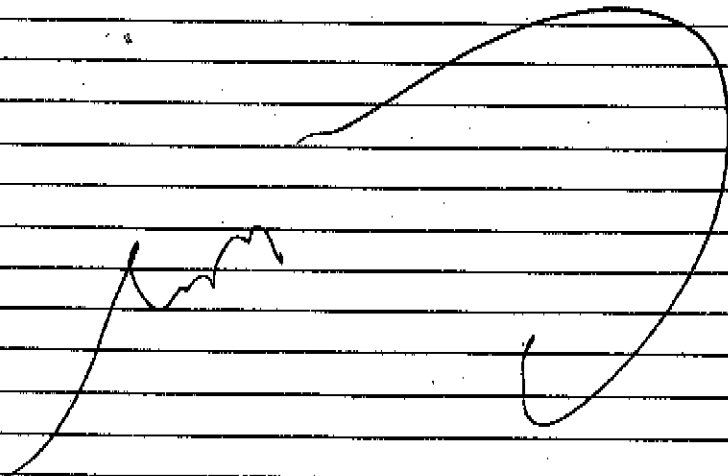
EMERGENCY REVIEW	
Date Received: <u>1-1</u>	Is this determined to be of an emergency nature? <input type="checkbox"/> Yes: expedite emergency grievance
	<input checked="" type="checkbox"/> No: an emergency is not substantiated. Committed person should submit this grievance in the normal manner.
<u>[Signature]</u> Chief Administrative Officer's Signature	<u>1-1</u> Date

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE (Continued)

DOC 0046, Page 2

that I shouldn't have to keep paying for! This grievance is being wrote to get me the proper medical attention I deserve. And to reimburse me my 2 dollars. Thank you!

Note: I want to know the truth of my medical conditions so I can stop taking all of these different kinds of antibiotics.

A large, stylized handwritten signature in black ink, spanning across several lines of the lined paper.

ILLINOIS DEPARTMENT OF CORRECTIONS
COMMITTED PERSON'S GRIEVANCE

"COPY"

DOC 0046

Date: 10-20-07	Committed Person: Demico Turner (Please Print)	ID#: K-63006
Present Facility: East Moline	Facility where grievance issue occurred: East Moline	
NATURE OF GRIEVANCE:		
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Mail Handling	<input type="checkbox"/> Restoration of Good Time
<input type="checkbox"/> Staff Conduct	<input type="checkbox"/> Dietary	<input type="checkbox"/> Disability
<input type="checkbox"/> Transfer Denial by Facility	<input type="checkbox"/> Transfer Denial by Transfer Coordinator	<input checked="" type="checkbox"/> Medical Treatment
<input type="checkbox"/> Disciplinary Report:	<input type="checkbox"/> Other (specify): Health	
Date of Report: N/A	Facility where issued:	
Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.		
Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Breakdown Record, etc.) and send to: Grievance Officer, unless the issue involves discipline, is deemed an emergency, or is subject to direct review by the Administrative Review Board. Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor. Chief Administrative Officer, only if EMERGENCY grievance. Administrative Review Board, only if the issue involves transfer denial by the Transfer Coordinator, protective custody, involuntary administration of psychotropic drugs, issues from another facility except personal property issues, or issues not resolved by the Chief Administrative Officer.		
Brief Summary of Grievance: To: Counselor, my grievance is in concern of lack of proper medical treatment down here in East Moline Corrections. I have contracted the disease infection (MRSA) in another facility before transferring here, but wasn't getting the proper medical care I deserved; but yet, now that I'm currently in inmate here in East Moline Corrections I'm wanting proper medical treatment. I explained to the Dr. down here I had been seeing for my (MRSA) conditions that the antibiotics didn't work because I had been taking them over a 1 st year span and still I have the same symptoms. Boils, Abdominal pains, and joint aches. Which I know that something's wrong and no antibiotic has fixed it yet my concerns have not been talked about on CNN world news and it was stipulated by doctors that (MRSA) is not resistant to all antibiotics but there are ways to treat it.		
Relief Requested: mattered and I want the proper care I deserve. I seen (MRSA) being talked about on CNN world news and it was stipulated by doctors that (MRSA) is not resistant to all antibiotics but there are ways to treat it.		
<input type="checkbox"/> Check only if this is an EMERGENCY grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.		
Demico Turner Committed Person's Signature		K-63006 ID#
		10, 20, 07 Date
(Continue on reverse side if necessary)		

Counselor's Response (if applicable)	
Date Received: 10, 22, 07	<input checked="" type="checkbox"/> Send directly to Grievance Officer <input type="checkbox"/> Outside jurisdiction of this facility. Send to Administrative Review Board, P.O. Box 19277, Springfield, IL 62784-9277
Response: Dr. is giving a medical issue. Ref to Institutional officer.	
MTU Print Counselor's Name	
Mg. Tc Counselor's Signature	
10, 22, 07 Date of Response	

EMERGENCY REVIEW	
Date Received: 1, 1	Is this determined to be of an emergency nature?
<input type="checkbox"/> Yes; expedite emergency grievance	
<input type="checkbox"/> No; an emergency is not substantiated. Committed person should submit this grievance in the normal manner.	
Chief Administrative Officer's Signature	
Date	